

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 081089

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER Maine Medical Center
has permission to Maine Medical Center - 40' x 60' Tent for Grant Opening Ceremonies - No food served inside tent Set-up Sept. 5
Breakdown Sept. 6
AT 22 BRAMHALL ST Permit No. 053-D007001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is placed or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. City
Health Dept. _____
Appeal Board _____
Other _____

PERMIT ISSUED
SEP 3 2008
CITY OF PORTLAND

Ch. A. 9/3/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1089	Issue Date: 9/3/08	CBL: 053 D007001
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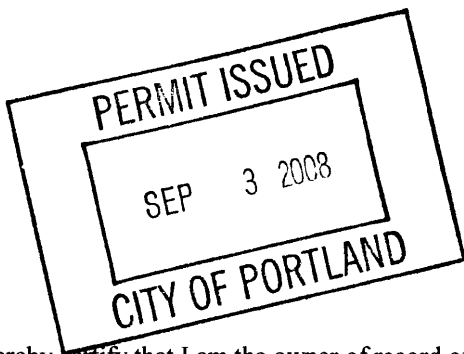
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Maine Med	Contractor Address: 22 Bramhall Portland	Phone 2076622013
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: C41

Past Use: Maine Medical Center	Proposed Use: Maine Medical Center - 40' x 80' Tent for Grant Opening Ceremonies - No food served inside tent Set-up Sept. 5 Breakdown Sept. 6	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
Proposed Project Description: Maine Medical Center - 40' x 80' Tent for Grant Opening Ceremonies - No food served inside tent Set-up Sept. 5 Breakdown Sept. 6		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: A Type: <i>PA</i> <i>IBC-2003</i> <i>NFA</i>	
		Signature: <i>Craig Cass</i>	Signature: <i>CL</i> 9/3/08	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 09/02/2008	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
OK Date: 9/2/08 <i>AKA</i>	Date: _____	Date: <i>ABU</i>



CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1089	Date Applied For: 09/02/2008	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Maine Med	Contractor Address: 22 Bramhall Portland	Phone (207) 662-2013
Lessee/Buyer's Name	Phone:	Permit Type: Tents	

Proposed Use: Maine Medical Center - 40' x 80' Tent for Grant Opening Ceremonies - No food served inside tent Set-up Sept. 5 Breakdown Sept. 6	Proposed Project Description: Maine Medical Center - 40' x 80' Tent for Grant Opening Ceremonies - No food served inside tent Set-up Sept. 5 Breakdown Sept. 6
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 09/02/2008	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 09/03/2008	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) This permit is approved, all of the review questions/comments have been responded to and adequately satisfy code compliance of this project.				
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Greg Cass	Approval Date: 09/03/2008	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Means of egress to be maintained clear at all times.				
2) Tents shall have an approved fire resistant rating, Maintain 10' between stake lines, No smoking or open flame within 10', Provide at least 1 10 lb. ABC extinguisher.				



Tent/Canopy or Temporary Event Staging Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address/Park of Installation: <u>Maine medical center</u> <u>22 Bramhall Street, Portland, ME 04102</u>		
Date of Set up/Event <u>9/5/08</u>	Date of Breakdown/ End of Event <u>9/6/08</u>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Property Owner: <u>Maine medical center</u>	Telephone: <u>6062.2196</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Fee: \$30.00

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

1. Certificate of Flammability
2. Letter of approval from property owner.
If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275).
3. Company name of installer (contact info).
4. Plot Plan showing the following:
Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275).
5. If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00

Who should we contact when permit is ready: Abby Greenfield
Address: 22 Bramhall Street / Portland Telephone: 6062.2196

Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.

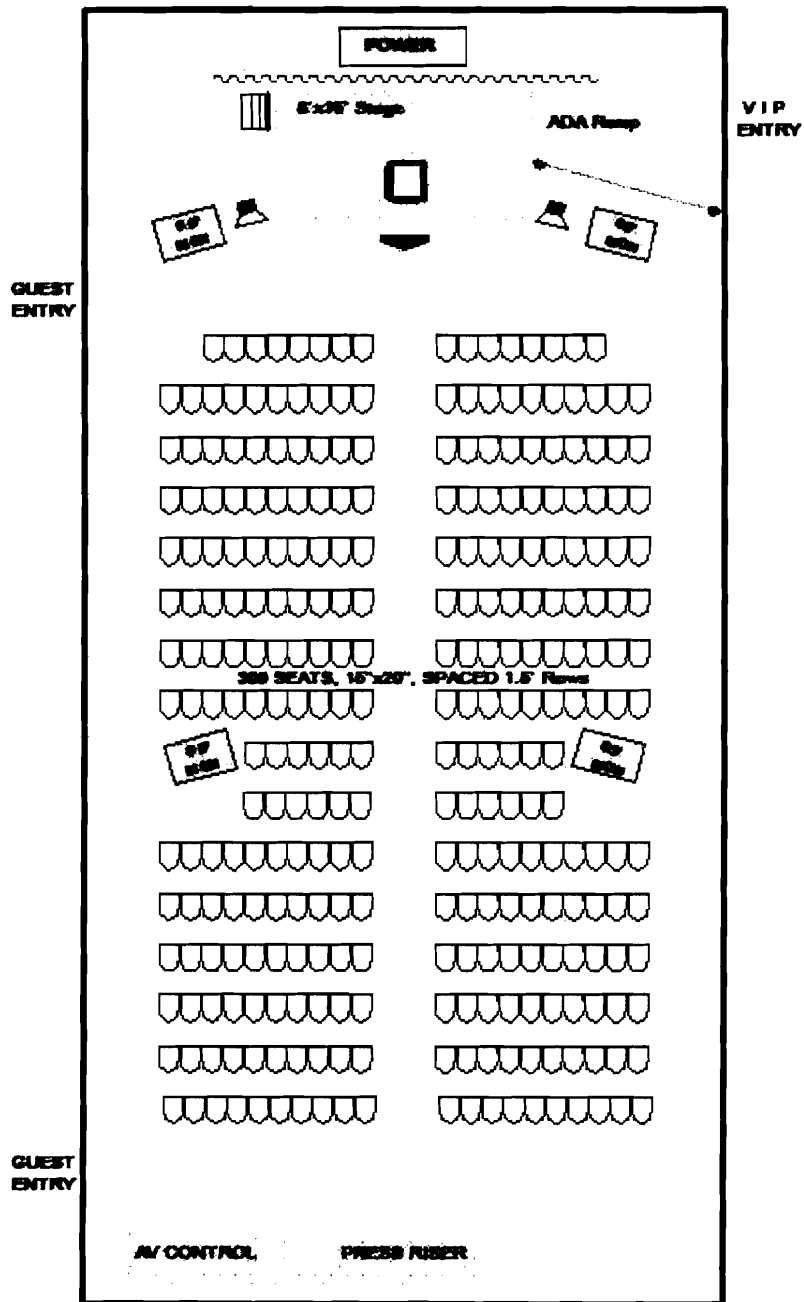
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: [Signature]

Date: 8/29/08

This is not a permit; you may not commence ANY work until the permit is issued.

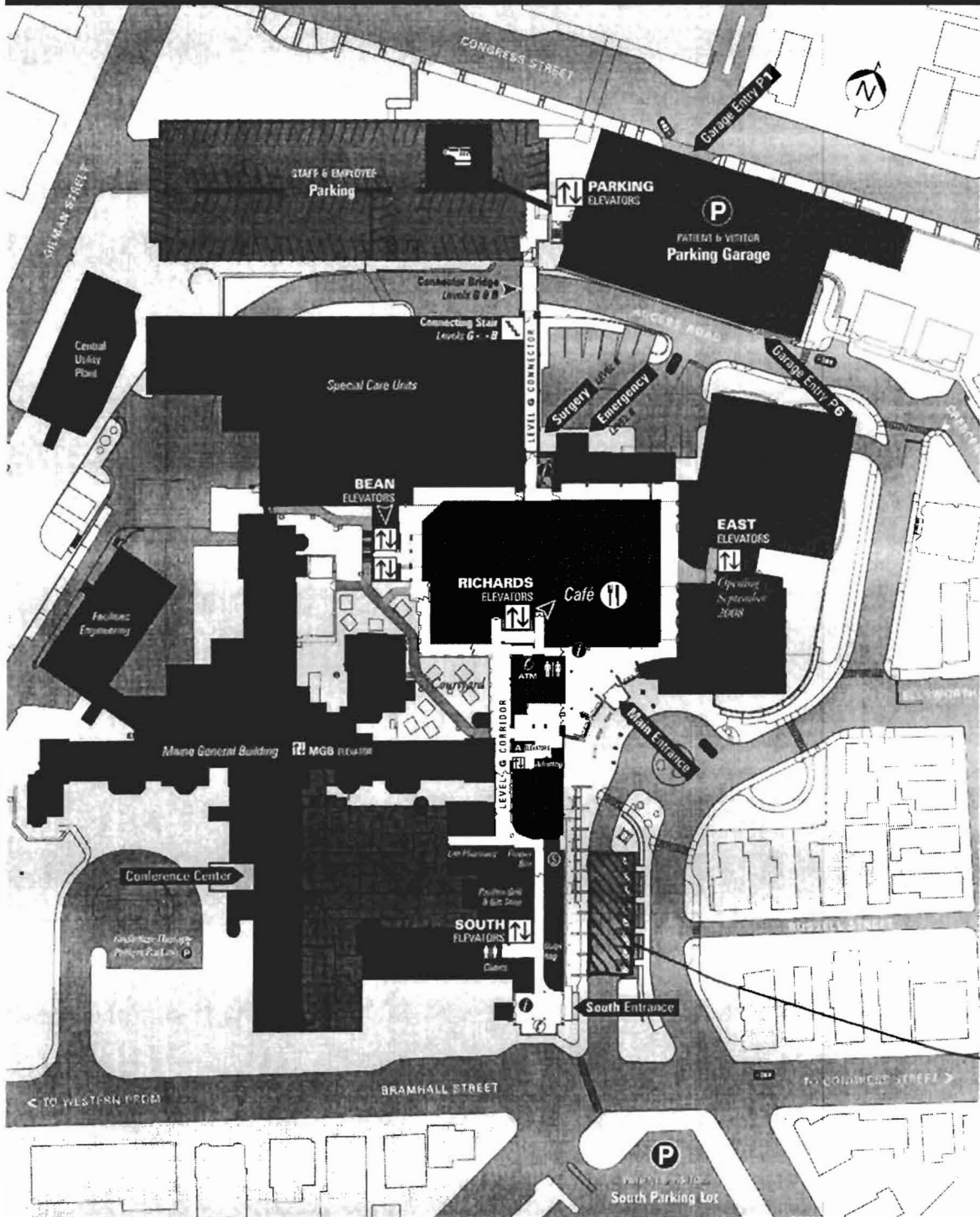


text size: 40x80
 side poles: 24



Maine Medical Center
MaineHealth

centered around you



Welcome! For you and all of our patients' and visitors' health and safety, please:

- 
No Smoking
except where permitted
- 
No Cellular Phones
in patient care areas
- 
No Latex Products
latex-free environment
- 
In Case of Emergency
remain calm and exit

Key

-  Information
-  Telephone
-  Restrooms
-  Elevators
-  Cashier
-  Parking

Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN NO.

CAL COMB F-419.01

ISSUED BY:
AZTEC TENTS
490 ALASKA AVENUE
TORRANCE, CA 90503
(310)328-5060

Date treated or manufactured

03/2005

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR EXETER RENT-ALL ADDRESS 38 PORTSMOUTH AVE
CITY EXETER STATE NH 03833

Certification is hereby made that: (check "a" or "b")

(a) The articles described below this certificate have been treated with a flame retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
Name of chemical used Chem. Reg. No.
Method of application

(b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96.
Trade name of flame-resistant fabric or material used.. *Laminated Fabric* . Reg. No.

The Flame Retardant Process Used **WILL NOT** Be Removed by Washing
(will or will not)

David Bradley

Chuck Miller - President

Name of Applicator or Production Superintendent

Title

CUSTOMER ORDER NO. R#145240

ITEMS MANUFACTURED:

- 1 - 40x40 Jumbotrac UW Top Ends with Double Valance
- 3 - 40x20 Jumbotrac UW Top Middles with Double Valance
- 14 - 8x20 1pc. Jumbotrac Panorama Sidewall Panels
- 1 - 30x30 Jumbotrac UW Top Ends with Double Valance
- 2 - 30x15 Jumbotrac UW Top Middles with Double Valance
- 12- 8x15 1pc. Jumbotrac Panorama Sidewall Panels
- 4 - 15x15 1pc. Qwik Style Top UW Top with Double Valance
- 3 - 20x30 1pc. Qwik Style Top UW Top with Double Valance
- 5 - 20x40 1pc. Qwik Style Top UW Top with Double Valance
- 3 - 30x30 2pc. Qwik Style Top UW Top with Double Valance
- 3 - 30x10 Middle Qwik Style Top UW Top with Double Valance
- 3 - 30x20 Middle Qwik Style Top UW Top with Double Valance
- 2 - 20x20 2pc. Qwik Style Top RIW Top with Double Valance
- 1 - 20x10 Middle Qwik Style Top RIW Top with Double Valance
- 2 - 20x20 Middle Qwik Style Top RIW Top with Double Valance
- 1 - 30x15 Series 1000 Middle UW Top

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/28/2008

PRODUCER MEDICAL MUTUAL INS. CO. OF MAINE ONE CITY CENTER, PO BOX 15275 PORTLAND, ME 04112-5275	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED MAINEHEALTH 465 CONGRESS STREET SUITE 600 PORTLAND, ME 04101-3537	INSURER A:	MEDICAL MUTUAL INS. CO. OF MAINE
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2007	10/01/2008	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						EL EACH ACCIDENT	\$
						EL DISEASE - EA EMPLOYEE	\$
						EL DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 IT IS UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND, ME IS AN ADDITIONAL INSURED UNDER THE ABOVE DESCRIBED POLICY ONLY WITH RESPECT TO THE GRAND OPENING OF THE WOMEN AND INFANT'S CENTER OF THE EAST TOWER EXPANSION BEING HELD ON THE BRACKETT STREET EXTENSION ON SEPTEMBER 6, 2008 FROM 8:00AM TO 12:00PM.

CERTIFICATE HOLDER 10001 CITY OF PORTLAND 389 CONGRESS STREET	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Terrence J. Sheehan, III</i> , PRESIDENT

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID NY EXETE-2	DATE (MM/DD/YYYY) 04/01/08
PRODUCER National Insurance Specialists 811 Madison Ave., 10th Floor P. O. Box 1687 Toledo OH 43603-1687 Phone: 888-489-7165 Fax: 888-489-7105		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Exeter Rent-All, Inc. dba Exeter Rent-All 38 Portsmouth Ave Exeter NH 03833		INSURERS AFFORDING COVERAGE	
		INSURER A	NAIC #
		Hartford Fire Insurance Co.	019692
		INSURER B	029424
		Hartford Casualty Insurance Co.	
		INSURER C	
		INSURER D	
		INSURER E	

COVERAGES

THE POLICIES OR POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED (NOT WITHSTANDING ANY REQUIREMENTS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED) OR MAY REPRESENT THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN. IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS AND LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY A <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> HOMEOWNERS LIABILITY <input type="checkbox"/> CONTRACTORS LIABILITY <input type="checkbox"/> PRODUCTS AND COMPLETED OPERATIONS LIABILITY <input type="checkbox"/> OTHER	POLICY NUMBER: 45UUNQ20833 POLICY EFFECTIVE DATE: 04/01/08 POLICY EXPIRATION DATE: 04/01/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO PREMISES (Each Occurrence) \$ 300,000 MED. EXP. (Any one person) \$ 10,000 PERSONAL & AD. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPLETED \$ 2,000,000			
			AUTOMOBILE LIABILITY --- AUTOMOBILE --- TRUCKS --- SCHEDULED AUTO --- TRAILERS --- OTHER VEHICLES	COMBINED SINGLE LIMIT (Each Occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
			GARAGE LIABILITY --- GARAGE	AUTO ONLY - EACH ACCIDENT \$ OTHER THAN AUTO ONLY \$500 \$	
			EXCESS/UMBRELLA LIABILITY B <input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY --- AUTOMOBILE <input checked="" type="checkbox"/> HOMEOWNERS \$10,000	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000	
			WORKERS COMPENSATION AND EMPLOYERS LIABILITY --- WORKERS COMPENSATION AND EMPLOYERS LIABILITY --- SPECIAL BENEFITS	B.L. EACH ACCIDENT \$ P.L. (PER SEVERAL EMPLOYEE) \$ E.L. DISEASE - POLICY LIMIT \$	
			A Inland Marine Equipment Floater	45UUNQ20833 04/01/08 04/01/09 Limit \$1,500,000 Deduct \$5,000	
			DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / COVERED BY ENDORSEMENT / SPECIAL PROVISIONS		

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE

Evidence of Coverage
(Applies to All Locations)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John M. Heald

MEMIC
Indemnity Company
 (A Stock Company)
 1750 Elm Street Suite 500
 Manchester, NH 03104-2920

Worker's Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period	
	From	To
310 2800891	04/03/2008	04/03/2009

12:01 A.M. Standard Time at the described location

Transaction			
RENEWAL DECLARATION			
Named Insured and Address		Agent	
EXETER RENT-ALL CO., INC 38 PORTSMOUTH AVE EXETER NH 03833		D. B. WARLICK & CO 2069 LAFAYETTE RD PORTSMOUTH NH 03801	
		Telephone: 603-436-275	0000072
Carrier #	FEIN #	Risk ID #	Entity of Insured
38563	020488829	280177261	CORPORATION

Additional Locations: See Site Location Schedule

- The Policy Period is from 04/03/2008 to 04/03/2009 12:01 a.m. Standard Time at the Insured's mailing address.
- A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: **NH**
 B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

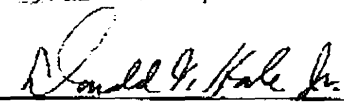
Bodily Injury by Accident	\$	500,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	500,000	each employee
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
 ALABAMA, ARIZONA, ARKANSAS, COLORADO, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, LOUISIANA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, UTAH, VERMONT, VIRGINIA, WISCONSIN.
- D. This policy includes these endorsements and schedules: See attached schedule.
- The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$850	Total Estimated Annual Premium	\$61,450
		Expense Constant	\$140
		Premium Discount	\$-6,844
Assessments and Taxes		Deposit Premium	\$61,450

This is a Three Year Fixed Rate Policy
 Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this _____ Day of _____
 Issued Date: 04/04/2008
 Issuing Office MEMIC Indemnity Company



 Authorized Representative

EXETER RENT-ALL INC.

38 PORTSMOUTH AVE. EXETER, N.H. 03833 (603) 778-9838 FAX: (603) 778-7031
 TENT WAREHOUSE (603) 772-4481 38 HAMPTON RD. EXETER, N.H. 03833

PARTY RENTAL PROVISIONS (NON-TENT)

- * 50% DEPOSIT REQUIRED TO BOOK
- * NO CHANGES UNDER TWO WEEKS
- * BALANCE DUE TWO WEEKS PRIOR TO USE

TENT CUSTOMERS

- * 25% DEPOSIT REQUIRED TO BOOK
 - * BALANCE DUE TWO WEEKS PRIOR TO USE
- ALL CUSTOMERS AGREE TO PROVISIONS OF PARTY
 EQUIPMENT RIDER ON BACK OF THIS CONTRACT

STORE HOURS: MON - SAT 7:30 AM - 5:00 PM

TENT WAREHOUSE HOURS: MAY 1 - OCT 15

MON - SAT 7:30 AM - 5:00 PM SUN 7:30 AM - 2:00 PM

NOTIFY EXETER RENT-ALL IMMEDIATELY IF EQUIPMENT
 DOES NOT FUNCTION PROPERLY.

SHOULD FUEL COST RISE SIGNIFICANTLY, WE RESERVE
 THE RIGHT TO INTRODUCE A FUEL SURCHARGE ON ALL DELIVERIES.

WWW.EXETERRENT-ALL.COM

ALL BOOKING FEES AND DOWN PAYMENTS ARE NON-REFUNDABLE
 FINAL PAYMENT OF PARTY RESERVATIONS IS DUE TWO WEEKS PRIOR TO THE EVENT
 ALL PARTY RENTAL PAYMENTS ARE NON-REFUNDABLE WITHIN TWO WEEKS OF THE EVENT

Customer ID: 076620111 Reservation Contract Number: 01-072141-00

8/20/08
 MAINE MEDICAL CENTER
 22 BRAMHALL ST
 PORTLAND ME 04102
 207 662 0111

ET FRIDAY PU SAT AFTER 2
 n tar no stakes
 Rsvd: FRI 06/06/08 14:30
 Delivr: FRI 09/05/08
 Out: SAT 09/06/08 08:00
 Pickup: SAT 09/06/08
 Due: SAT 09/06/08 17:00

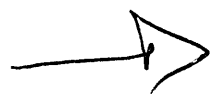
PORTLAND HEADLIGHT CALLED AND REMOVED STAGE
 1/13/08 SAID THEY WERE DOING IT-DAVE CAOGLIN

Item No.	Qty	Description	Rate	Info	Unit	Extended
997-0003	1	**** PARTY GOODS DELIVERY AND PICKUP, REGULAR PRICING INCLUDES DELIVERY 1 TO 5 DAYS PRIOR TO YOUR EVENT & PICKUP 1 TO 2 DAYS AFTER THE EVENT. YOU WILL BE NOTIFIED OF THE ACTUAL DATES.* SPECIAL ARRANGEMENTS CAN BE MADE AT ADDITIONAL COST	0.00		0.00	0.00
997-0005	1	***** CONFIRMATION ***** THANK YOU FOR YOUR DEPOSIT. YOUR RESERVATION HAS BEEN SET. PLEASE REMEMBER THAT THE FINAL PAYMENT OF \$BALANCE IS DUE A MINIMUM OF 2 WEEKS PRIOR TO YOUR EVENT.	0.00		0.00	0.00
1455-3220	1	TENT, U-TRACK WHITE 40X80 P1 this tent includes panorama window walls NO STAKING; USE WEIGHTS	2184.00		2184.00	2184.00
1435-5000	48	HOLD DOWN WEIGHTS 100 LBS EACH; 2 PER LEG	7.50		7.50	360.00
1340-0090	300	CHAIR, SAMSONITE WHITE	1.90		1.90	570.00
		Discount:		Your price:	1,850	494.67

WE READ THE TERMS & CONDITIONS ON BOTH SIDES OF THIS AGREEMENT AND CERTIFY THAT THOSE PRINTED ON THE RENTER SIDE ARE AGREED TO AS IF PRINTED ABOVE MY SIGNATURE. THERE ARE NO ORAL OR OTHER REPRESENTATIONS NOT INCLUDED HEREIN. DAMAGE WAIVER: If you pay the damage waiver charge as specified, subject to the limitations and exclusions below, we agree to modify terms of this contract and to relieve you of liability under \$1,500 for accidental damages to items rented under this contract and for loss due to fire, collision, theft, upset and riot. We exclude from the waiver, however, any loss or damage due to theft, misuse, or abuse, theft by conversion, towing charges, intentional damage, mysterious disappearance or shortage disclosed on inventory, loss resulting from overloading, or exceeding the rated capacity of rental items, loss caused by fire, theft, or damage to vehicle resulting from insufficient overhead, side or rear clearance or other loss due to your failure to care for the rented item as a prudent man would his own property. Linens stored in plastic will cause mildew, candle wax on linens, equipment and linen not returned or returned torn, soiled, mildewed, or burned beyond cleaning will be charged the replacement value in addition to the rental charge. If any such loss indicates a crime may have been committed, a condition of the waiver is that you must file a report to the proper law enforcement authorities and furnish a copy. If you have insurance covering the loss, you must exercise all rights available to you under your insurance, take all action necessary to process a claim and pay any and all proceeds from your insurance to us. You shall further empower us to exercise all such rights to obtain recovery under your insurance.

DUE IN

SIGNATURE



D.W.C IS NOT INSURANCE. RENTER MAY BY INITIALS DECLINE D.W.C

DECLINES
 D.W.C

EXETER RENT-ALL INC.

R 10.1.9+

38 PORTSMOUTH AVE. EXETER, N.H. 03833 (603) 778-9838 FAX: (603) 778-7031
TENT WAREHOUSE (603) 772-4481 38 HAMPTON RD. EXETER, N.H. 03833

PARTY RENTAL PROVISIONS (NON-TENT)

- * 50% DEPOSIT REQUIRED TO BOOK
- * NO CHANGES UNDER TWO WEEKS
- * BALANCE DUE TWO WEEKS PRIOR TO USE

TENT CUSTOMERS

- * 25% DEPOSIT REQUIRED TO BOOK
 - * BALANCE DUE TWO WEEKS PRIOR TO USE
- ALL CUSTOMERS AGREE TO PROVISIONS OF PARTY EQUIPMENT RIDER ON BACK OF THIS CONTRACT

STORE HOURS: MON - SAT 7:30 AM - 5:00 PM

TENT WAREHOUSE HOURS: MAY 1 - OCT 15

MON - SAT 7:30 AM - 5:00 PM SUN 7:30 AM - 2:00 PM

NOTIFY EXETER RENT-ALL IMMEDIATELY IF EQUIPMENT DOES NOT FUNCTION PROPERLY.

SHOULD FUEL COST RISE SIGNIFICANTLY, WE RESERVE THE RIGHT TO INTRODUCE A FUEL SURCHARGE ON ALL DELIVERIES.

WWW.EXETERRENT-ALL.COM

Customer ID=====2076620111=====RESERVATION=====Contract Number 01-072141-00

0215-0045 300 LABOR CHAIRS UP AND DOWN 0.90 240.00

O.K. to Issue.

ASB
8/22/08

0200.083500.4210

Receipts Summary				Summary	
Date	Seq	Method	Ref/PO	Amount	
08/13/08	06	Check	2025693	900.00	RESALE 240.00
					RENTAL 3038.87
					Transportation 500.00
					Damage waiver 182.33
					Total 3961.20
					Deposit 900.00
					Discount deducted above 77.15

I HAVE READ THE TERMS & CONDITIONS ON BOTH SIDES OF THIS AGREEMENT AND CERTIFY THAT THOSE PRINTED ON THE OTHER SIDE ARE AGREED TO AS IF PRINTED ABOVE MY SIGNATURE. THERE ARE NO ORAL OR OTHER REPRESENTATIONS NOT INCLUDED HEREIN. DAMAGE WAIVER: If you pay the damage waiver charge as specified, subject to the limitations and exclusions below, we agree to modify the terms of this contract and to relieve you of liability under \$1,500 for accidental damages to items rented under this contract and for loss due to fire, collision, windstorm, upset and riot. We exclude from the waiver, however, any loss or damage due to theft, misuse, or abuse, theft by conversion, towing charges, intentional damage, mysterious disappearance or shortage disclosed on inventory, loss resulting from overloading, or exceeding the rated capacity of rental items, loss caused by infidelity of you, your employees or persons to whom you entrust any items, loss due to breach of the terms of this agreement, damage to tires, fims caused by blowouts, bruises, cuts, road hazards and the like damage to vehicle resulting from insufficient overhead, side or rear clearance or other loss due to your failure to care for the rented item as a prudent man would his own property. Linens wrapped in plastic will cause mildew, candle wax on linens, equipment and linen not returned or returned soiled, mildewed, or burned beyond cleaning will be charged the replacement value in addition to the rental charge if any such loss indicates a crime may have been committed, a condition of the waiver is that you must file a report to the proper law enforcement authorities and furnish us with a copy. If you have insurance covering the loss, you must exercise all rights available to you under your insurance, take all action necessary to process a claim and pay any and all proceeds from such insurance to us. You shall further empower us to exercise all such rights to obtain recovery under your insurance.

DUE IN

SIGNATURE

ASB
3061.20
SAT 09/06/08 17:00

D.W. C IS NOT INSURANCE. RENTER MAY BY INITIALS DECLINE D.W.C

DECLINES
D.W.C

